

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

37922

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township New Primary Registration District No. _____
City Kansas City (No. 6700 Walton) Registered No. 4790
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 7935 Michigan St., 15 Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 2 1/2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 3rd - 1918</u>				
7. AGE	YEARS <u>13</u>	MONTHS <u>8</u>	DAYS <u>25</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Center school</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>6th grade</u>			
	10. Date deceased last worked at this occupation (month and year) <u>Miss Stone</u>			
11. Total time (years) spent in this occupation				
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>7935 Michigan</u> <u>N. C. Mo.</u>				
FATHER	13. NAME <u>Walter Andrew Price</u> ¹²⁻²⁸⁻²⁷ deceased			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss Mo.</u>			
MOTHER	15. MAIDEN NAME <u>Jella Chambers</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>N. C. Mo.</u>			
17. INFORMANT <u>Mrs. Jella Price</u> (ADDRESS) <u>7935 Michigan</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Belwood</u> DATE <u>Dec. 1 1931</u>				
19. UNDERTAKER <u>Byfar Funeral Home</u> (ADDRESS) <u>1800 Euwood</u>				
20. FILED <u>31</u> <u>31 M M Crowe</u> <u>Regist.</u>				

MEDICAL CERTIFICATE OF DEATH Saturday

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 28 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____.

I last saw h _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____, _____, _____, _____, 19____.

The principal cause of death and related causes of importance were as follows:
accidental Automobile Date of onset
fracture skull
210 AIDF
210M

Other contributory causes of importance:
Fell from car he was
riding in

Name of operation _____ Date of _____

What test confirmed diagnosis autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury 11/28 1931
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Stanley M. Hall M. D.
(Address) Deputy Coroner

WRITE PLAIN, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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